

**Individual ADDRESS CHANGE FORM**

Form Code: PSS\_IAC

You may edit your contact information online at:

[www.dcjs.virginia.gov/pss/index.cfm](http://www.dcjs.virginia.gov/pss/index.cfm)**COMMONWEALTH OF VIRGINIA***Department of Criminal Justice Services***Private Security Services Section****P.O. Box 10110, Richmond, VA 23240-9998****Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)****Status Hotline: (804) 786-1132 or 1-877-9STATUS**1. Applicant Name: \_\_\_\_\_  
Last Name First Name MI

2. Social Security Number: \_\_\_\_\_ or DCJS # 99- \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
Number and Street City/Town State Zip

4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

E-Mail Address: \_\_\_\_\_

6. Are you currently employed by a Private Security Business ☐ Yes ☐ No

If yes, Business Name: \_\_\_\_\_ DCJS ID# \_\_\_\_\_

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy